PRESCRIPTION FORM FOR PASTEURIZED DONOR HUMAN MILK (PDHM)

Healthcare providers: Fax or email prescription to Human Milk Repository of New Mexico
Fax: 505-508-5428 Email: info@mothersmilkbanknm.org

BABY’S NAME: ___________________________________ DOB: _______________ GA: __________
Today’s date: _____________

Please provide _________ oz/day amounts of PDHM for ________ days/weeks/months (circle one) for the following reasons:

- Z39.1 Encounter for lactation
- 07.32 Prematurity
- 092.3 Agalactia
- 092.4 Hypogalactia
- 092.5 Low Milk Supply/ Suppressed Lactation
- 092.7 Unspecified disorders of lactation
- Z02.82 Adopted Child
- O30.0 Twin Pregnancy
- O30.1 Triplet Pregnancy
- P92.0 Vomiting of newborn
- P92.1 Regurgitation and rumination of newborn
- P92.2 Slow feeding of newborn
- P92.3 Underfeeding of newborn
- P92.5 Neonatal difficulty in feeding at breast
- P92.6 Failure to thrive in newborn
- P92.8 Other feeding problems of newborn
- P92.9 Feeding problem of newborn, unspecified
- P59.9 Hyperbilirubinemia
- P70.4 Hypoglycemia
- Q383.1 Frenulum Restriction
- Other:______________________________

Healthcare provider:

Signature: _____________________________________________________________________
Name: _________________________________________________________________________
NPI#: ________________________________________________________________________
Phone number: _________________________________________________________________
Practice Name or Hospital: ________________________________________________________
Address: ______________________________________________________________________

Parents/Guardians:

Name: _________________________________________________________________________
Address: ______________________________________________________________________
Phone: _________________________________________________________________________
Email: _________________________________________________________________________

Providers: Please contact us if you need help determining the appropriate amount to prescribe
Parents/Guardians: To set up an account to order milk, contact us at 505-508-5291 or orders@mothersmilkbanknm.org